

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

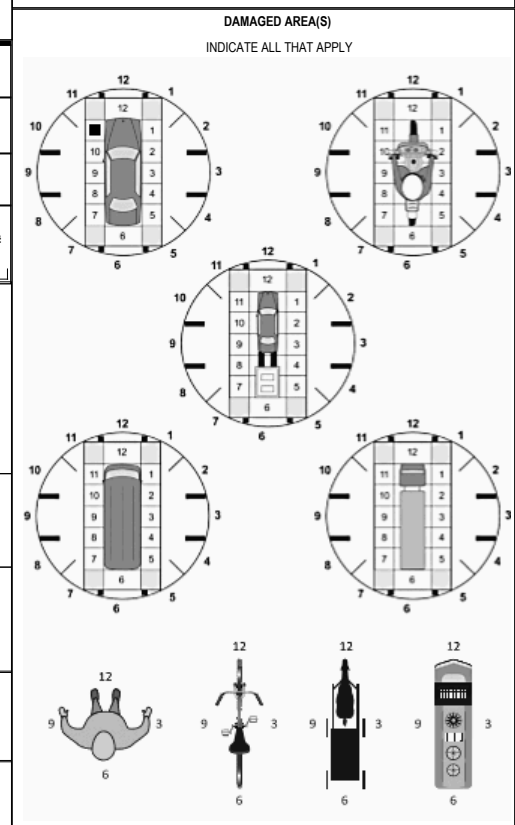
<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property		LOCAL INFORMATION 1		2 0 2 1 3 0 2 0						
		REPORTING AGENCY NAME * GARFIELD HEIGHTS		NCIC * 0 1 8 2 0	HIT/SKIP 1 - Solved 2 - Unsolved	NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 9 9			
COUNTY * 1 8	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 1 0 1 8 2 0 2 1 1 5 1 5			CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME Turney	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 4 1 . 4 0 9 3 2 0			INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) WOODWARD	ROAD TYPE A V	LONGITUDE DECIMAL DEGREES 8 1 . 6 0 0 3 9 0					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	NUMBER OF APPROACHES			
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards		LOCATION OF FIRST HARMFUL EVENT 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN			MANNER OF CRASH COLLISION/IMPACT 7 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSION MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN			
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		NARRATIVE SEE OH-2 NARRATIVE.						
CRASH REPORTED DATE/TIME 1 0 1 8 2 0 2 1 1 5 1 5		DISPATCH DATE/TIME 1 0 1 8 2 0 2 1 1 5 1 9		ARRIVAL DATE/TIME 1 0 1 8 2 0 2 1 1 5 2 1		SCENE CLEARED DATE/TIME 1 0 1 8 2 0 2 1 1 6 0 0		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 5 6	TOTAL MINUTES 9 5	OFFICER'S NAME * L. Ajjeng		CHECKED BY OFFICER'S NAME * N. Rossi		SUPPLEMENT (CORRECTION - IN ADDITION) <input type="checkbox"/>			
		OFFICER'S BADGE NUMBER * 0 2 7		CHECKED BY OFFICER'S BADGE NUMBER * S 1 3						

2 0 2 1 3 0 2 0

OWNER UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) WADE QUIONNA MICHELLE OWNER PHONE: INCLUDE AREA CODE (Same As Driver) OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 15312 Rowena Avenue MAPLE HTS OH 44087 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE DAMAGE SCALE 3 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

LP STATE OH LICENSE PLATE # JGE3104 VEHICLE IDENTIFICATION # 1ZVBP81A1M81E5263008 VEHICLE YEAR 2014 VEHICLE MAKE Ford INSURANCE VERIFIED Dairyland INSURANCE POLICY # 11406523818 VEHICLE COLOR GRY VEHICLE MODEL Mustang



TYPE OF USE: COMMERCIAL, GOVERNMENT, IN EMERGENCY RESPONSE. US DOT #, TOWED BY: COMPANY NAME. HAZARDOUS MATERIAL: MATERIAL RELEASED, PLACARD. VEHICLE WEIGHT GVWR/GCWR: 1- <=10K LBS., 2- 10,001 - 26K LBS., 3- >26K LBS. # OCCUPANTS 0 1

UNIT TYPE 0 1. PASSENGER CAR, PASSENGER VAN (MINIVAN), SPORT UTILITY VEHICLE, PICK UP, CARGO VAN, VAN (9-15 SEATS), MOTORCYCLE 2-WHEELED, MOTORCYCLE 3-WHEELED, AUTOCYCLE, MOPED OR MOTORIZED BICYCLE, ALL TERRAIN VEHICLE (ATV / UTV), GOLF CART, SNOWMOBILE, SINGLE UNIT TRUCK, SEMI-TRACTOR, FARM EQUIPMENT, MOTORHOME, LIMO (LIVERY VEHICLE), BUS (16+ PASSENGERS), OTHER VEHICLE, HEAVY EQUIPMENT, ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, PEDESTRIAN/SKATER, WHEELCHAIR (ANY TYPE), OTHER NON-MOTORIST, BICYCLE, TRAIN, UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2. AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION, 1 - DRIVER ASSISTANCE, 2 - PARTIAL AUTOMATION, 3 - CONDITIONAL AUTOMATION, 4 - HIGH AUTOMATION, 5 - FULL AUTOMATION, 9 - UNKNOWN

SPECIAL FUNCTION 0 1. NONE, TAXI, ELECTRONIC RIDE SHARING, SCHOOL TRANSPORT, BUS-TRANSIT/COMMUTER, BUS - CHARTER/TOUR, BUS - INTERCITY, BUS - SHUTTLE, BUS - OTHER, AMBULANCE, FIRE, MILITARY, POLICE, PUBLIC UTILITY, CONSTRUCTION EQUIPMENT, FARM, MOWING, SNOW REMOVAL, TOWING, SAFETY SERVICE PATROL, MAIL CARRIER, OTHER/UNKNOWN

CARGO BODY TYPE 0 1. NO CARGO BODY TYPE / NOT APPLICABLE, BUS, VEHICLE TOWING ANOTHER MOTOR VEHICLE, LOGGING, INTERMODAL CONTAINER CHASSIS, CARGO VAN/ENCLOSED BOX, GRAIN/CHIPS/GRAVEL, POLE, CARGO TANK, FLAT BED, DUMP, CONCRETE MIXER, AUTO TRANSPORTER, GARBAGE/REFUSE, OTHER / UNKNOWN

VEHICLE DEFECTS: TURN SIGNALS, HEAD LAMPS, TAIL LAMPS, BRAKES, STEERING, TIRE BLOWOUT, WORN OR SLICK TIRES, TRAILER EQUIPMENT DEFECTIVE, MOTOR TROUBLE, DISABLED FROM PRIOR ACCIDENT, OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT 0 1. INTERSECTION - MARKED CROSSWALK, INTERSECTION - UNMARKED, INTERSECTION - OTHER, MIDBLOCK - MARKED CROSSWALK, TRAVEL LANE-OTHER LOCATION, BICYCLE LANE, SHOULDER/ROADSIDE, SIDEWALK, MEDIAN/CROSSING ISLAND, DRIVEWAY ACCESS, SHARED USE PATHS OR TRAILS, FIRST RESPONDER AT INCIDENT SCENE, OTHER / UNKNOWN

ACTION 4. PRE-CRASH ACTION 1 1. NON-COLLISION, STRIKING, STRUCK, BOTH STRIKING & STRUCK, OTHER / UNKNOWN, STRAIGHT AHEAD, BACKING, CHANGING LANES, OVERTAKING/PASSING, MAKING RIGHT TURN, MAKING LEFT TURN, MAKING U-TURN, ENTERING TRAFFIC LANE, LEAVING TRAFFIC LANE, PARKED, SLOWING OR STOPPED IN TRAFFIC, DRIVERLESS, NEGOTIATING A CURVE, ENTERING OR CROSSING SPECIFIED LOCATION, WALKING, RUNNING, JOGGING, PLAYING, WORKING, PUSHING VEHICLE, APPROACHING OR LEAVING VEHICLE OR LEAVING VEHICLE, STANDING, OTHER NON-MOTORIST, STANDING OUTSIDE DISABLED VEHICLE, OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 0 1. NONE, FAILURE TO YIELD, RAN RED LIGHT, RAN STOP SIGN, UNSAFE SPEED, IMPROPER TURN, LEFT OF CENTER, FOLLOWING TOO CLOSE/ACDA, IMPROPER LANE CHANGING, IMPROPER PASSING, DROVE OFF ROAD, IMPROPER BACKING, IMPROPER START FROM A PARKED POSITION, STOPPED OR PARKED ILLEGALLY, SWERVING TO AVOID, WRONG WAY, VISION OBSTRUCTION, OPERATING DEFECTIVE EQUIPMENT, LOAD SHIFTING/FALLING/SPILLING, SWERVING IMPROPER ACTION, LYING IN ROADWAY, NOT DISCRERNABLE, OPENING DOOR INTO ROADWAY, OTHER IMPROPER ACTION

SEQUENCE OF EVENTS. EVENTS: OVERTURN/ROLLOVER, FIRE/EXPLOSION, IMMERSION, JACKKNIFE, CARGO / EQUIPMENT LOSS OR SHIFT, EQUIPMENT FAILURE, SEPARATION OF UNITS, RAN OFF ROAD RIGHT, RAN OFF ROAD LEFT, CROSS MEDIAN, CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL, DOWNHILL RUNAWAY, OTHER NON-COLLISION, PEDESTRIAN, PEDALCYCLE, RAILWAY VEHICLE, ANIMAL - FARM EQUIPMENT, ANIMAL - DEER, ANIMAL - OTHER, MOTOR VEHICLE IN TRANSPORT, PARKED MOTOR VEHICLE, WORK ZONE MAINTENANCE EQUIPMENT, STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE, OTHER MOVABLE

COLLISION WITH FIXED OBJECT - STRUCK. IMPACT ATTENUATOR / CRASH CUSHION, BRIDGE OVERHEAD STRUCTURE, BRIDGE PIER OR ABUTMENT, BRIDGE PARAPET, BRIDGE RAIL, GUARDRAIL FACE, GUARDRAIL END, PORTABLE BARRIER, MEDIAN CABLE BARRIER, MEDIAN GUARDRAIL BARRIER, MEDIAN CONCRETE BARRIER, MEDIAN OTHER BARRIER, TRAFFIC SIGN POST, OVERHEAD SIGN POST, LIGHT/LUMINARIES SUPPORT, UTILITY POLE, OTHER POST, POLE OR SUPPORT, CULVERT, CURB, DITCH, EMBANKMENT, FENCE, MAILBOX, TREE, FIRE HYDRANT, WORKZONE MAINTENANCE EQUIPMENT, WALL, BUILDING, TUNNEL, OTHER FIXED OBJECT, OTHER / UNKNOWN. FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST

UNIT SPEED 0 POSTED SPEED 3 5 DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE CASTRO DAVID A <input type="checkbox"/> Same As Driver	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> Same As Driver
OWNER ADDRESS: STREET, CITY, STATE, ZIP 418 E CASTON RD LOT AKRON OH 44319 <input type="checkbox"/> Same As Driver		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

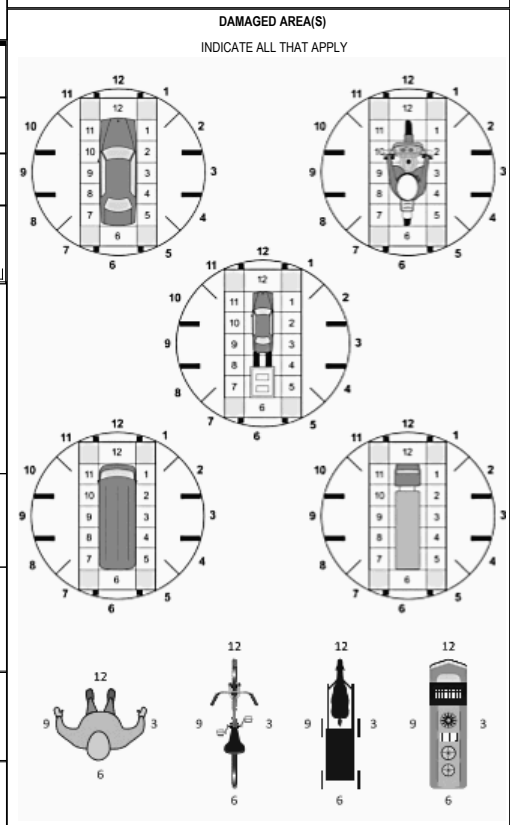
DAMAGE

DAMAGE SCALE

1 - NONE
2 - MINOR DAMAGE
3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE
9 - UNKNOWN

1

LP STATE OH	LICENSE PLATE # HPN5442	VEHICLE IDENTIFICATION # 1G1TN11L1E1C81H2900756	VEHICLE YEAR 2017	VEHICLE MAKE GMC
INSURANCE VERIFIED <input checked="" type="checkbox"/>	INSURANCE COMPANY Progressive	INSURANCE POLICY # 919698327	VEHICLE COLOR WHI	VEHICLE MODEL Sierra
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 1 3 0 2 0

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE WADE QUIONNA MIC		DATE OF BIRTH 1 0 2 1 1 9 7 8		AGE 4 2	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 15312 Rowena Avenue MAPLE HTS OH 44087					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 2	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	STATUS 1	ALCOHOL TEST TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE CASTRO DAVID A		DATE OF BIRTH 1 0 1 6 1 9 8 0		AGE 4 1	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 13717 MAPLE LEAF DR GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	STATUS 1	ALCOHOL TEST TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER			
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION	STATUS	ALCOHOL TEST TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	4 - BREATH
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	DRUG TEST TYPE
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	1 - NONE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	3 - URINE
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - OTHER
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	DRUG TEST RESULT(S)
6 - CHILD RESTRAINT SYSTEM - REAR FACING			GENDER	17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	1 - AMPHETAMINES
7 - BOOSTER SEAT			F - FEMALE	18 - OTHER		2 - BARBITURATES
8 - HELMET USED			M - MALE			3 - BENZODIAZEPINES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			U - OTHER/UNKNOWN			4 - CANNABINOIDS
10 - REFLECTIVE CLOTHING						5 - COCAINE
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						6 - OPIATES / OPIOIDS
99 - OTHER / UNKNOWN						7 - OTHER
						8 - NEGATIVE RESULTS

OHIO TRAFFIC CRASH REPORT

DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20213020	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 10 D 18 Y 2021
IN COUNTY OF 18	CRASH LOCATION Turney RD 1	
<p>Unit 1 stated she was stopped S/B in traffic in the left lane on Turney near Woodward when unit 2 turned left of center and cut in front of Unit 1 while attempting to turn E/B on Woodward. Unit 1 stated that unit 2 struck her auto on the front left tire/fender with unit 2 right side tires. Unit 2 stated he was S/B on Turney traveling about 10 MPH when another vehicle gave him permission to pass left of center and turn E/B onto Woodward. Unit 2 stated he did not notice he struck a vehicle with his vehicle. Unit 2 was vague and unclear.</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 027